

Proposed Strategies for Integrating Public Services for Children with Special Health Care Needs

These strategies were developed by WISE Grant Steering Committee, WISE Grant Sub-Committees, WISE Grant staff, and the Center for Children with Special Needs, in order to collect information from state level key informants about approaches for integrating public services for children with special health care needs.

I. Common Application

1. A process will be developed for families to learn about resources and to complete a single application form for public services specific to children with special health care needs.

- 1.1. Families can choose to use the common application form via Internet, telephone, or in-person.
- 1.2. The application form will contain fields sufficient for an applicant to apply for a variety of public services specific to children with special health care needs.
- 1.3. Confidentiality will be protected by requiring that applicants give permission for transfer of personal information to agencies selected.
- 1.4. The same sources that contain the common application form will maintain a list of public resources available to families both at the state and local level.
- 1.5. Families need only indicate their area of concern and they will be linked to available public agencies and resources.
- 1.6. The lead agency responsible for maintaining and distributing application and resource information is yet to be determined.

II. Care Coordination

2. A single Care Coordinator will help families coordinate services from multiple public agencies.

- 2.1 The Care Coordinator will be selected by a family from one of the existing agencies including Division of Developmental Disabilities (Case Manager); Infant Toddler Early Intervention Program (Family Resource Coordinator); Children with Special Health Care Needs Program (CSHCN Coordinator), or other public agency representative designated by the family.
- 2.2 Each Care Coordinator will have comparable training and skills to assist families in defining needs.
- 2.3 Families may change their Care Coordinator based upon evolving needs of the child.
- 2.4 A document will be developed that describes standard training and skills required of Care Coordinators, as well as role of Care Coordinators from appropriate public agencies.

III. Data Integration

3. A mechanism will be developed that links data, from existing public agency databases, relevant to children with special health care needs.

- 3.1 The linked data will be anonymous (containing no personal identifiers), and will be available to authorized individuals for purposes of program planning, evaluation, or research.
- 3.2 Public agencies will jointly develop database formats and fields that enable linking of individual data from each agency, while assuring personal anonymity for final linked product.